U.S. Department of Health and Human Services
Health Resources and Services Administration

Office of Rural Health Policy (ORHP)

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Rural Health Care Services Outreach Grant
Announcement Type: New
HRSA 06-005
Catalogue of Federal Domestic Assistance (CFDA) 93.912

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PROGRAM GUIDANCE

Fiscal Year 2006

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Authority: Public Health Service Act, Section 330A (f) (42 U.S.C. 254c (E))

TABLE OF CONTENTS

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The grant program described in this document, the Rural Health Care Services Outreach (Outreach) Grant Program, is authorized by Section 330A(f), of the Public Health Service (PHS) Act, 42 U.S.C. 254c(E). The Catalog of Federal Domestic Assistance Number for this grant program is 93.912.

The Office of Rural Health Policy's Rural Health Care Services Outreach Grant Program encourages the development of new and innovative health care delivery systems in rural communities that lack essential health care services. The emphasis of this grant program is on service delivery through creative strategies requiring the grantee to form a consortium with at least two additional partners. Programs funded have varied greatly and have brought care that would not otherwise have been available to at least 2 million rural citizens across the country. Through consortia of local providers and others, rural communities have managed to create hospice care, bring health check-ups to children and provide prenatal care to women in remote areas. To be eligible, the grant recipient's organizational headquarters must be a rural public or rural nonprofit private entity and be located in a designated non-metro and/or micropolitan county or in a rural ZIP Code within a metropolitan county, exclusively provide services to migrant and seasonal farmworkers in rural areas or be an Indian Tribal Government. See Appendix 3, Geographic Eligibility for Rural Health Grant Programs, for more information.

2. BACKGROUND

The Outreach program is authorized by Section 330A (f) of the Public Health Service Act. The law states that the purpose of the program is "to promote rural health care services outreach by expanding the delivery of health care services to include new and enhanced services in rural areas."

The Outreach program supports projects that demonstrate creative or effective models of outreach and service delivery in rural communities. Applicants may propose projects to address the needs of a wide range of population groups including, but not limited to, low-income populations, the elderly, pregnant women, infants, adolescents, rural minority populations and rural populations with special health care needs. All projects should be responsive to the unique cultural, social belief and linguistic needs of the target population.

Note: Faith-based and community-based organizations are encouraged to compete for this program.

Projects should be based on demonstrated community needs. Applicants may propose to deliver many different types of services. These include primary care, dental care, mental health services, home health care, emergency care, health promotion and education programs, outpatient day care and other services not requiring inpatient care.

These grants are available for the delivery of health care and related services to defined population groups in rural areas. These may be new services in the community or an expansion of existing services. A primary purpose of the program is to foster the development of new collaborative efforts for the delivery of health care in rural areas. Consequently, a consortium

of three or more separately owned health care organizations working together must plan and implement the grant project activities. The participating organizations may be similar (e.g., all hospitals) or diverse providers. All entities participating in the project must have clearly defined roles and responsibilities. The grant application must include a letter of commitment or other formal agreement signed by the CEO of each consortium member that documents its intent to participate in the project and the scope of its commitment to the project.

Applicants for this program should also be aware of findings from the Office of Management and Budget (OMB)'s 2003 analysis of rural health programs at HRSA. In 2003, the Office of Rural Health Policy's (ORHP) performance was reviewed by the OMB in planning the budget for the fiscal year 2005 as part of the Program Assessment Response Tool (PART) process. Through this process, the OMB examined the Office's ability to meet its mission and evaluated the performance of the Office's programs. The Office's programs, in aggregate, received an adequate rating.

Each year, the OMB works with Federal Agencies to select programs for review. Reviews are generally conducted in preparation of the next year's budget. PART was developed to evaluate and improve Federal program performance. Although some PART reviews focus on specific programs, OMB's assessment of ORHP was broad based, examining all of the grant programs administered by the Office. Identifying both long-term and short-term goals for the Office, PART evaluates the Office's performance in meeting these goals and suggests ways to improve outcomes.

ORHP is committed to addressing the recommendations of its PART review. OMB charged the Office with reaching out to its grantees and stakeholders and sharing its PART findings. OMB also called on the Office to develop a Strategic Plan that incorporated the PART findings and the Office is in the process of doing this.

The mission of the ORHP is to sustain and improve access to quality health care services for rural communities through strategies focused on policy and programs. These strategies are implemented by:

- Coordinating rural policy and activities across the Department of Health and Human Services (HHS) and advising the Secretary;
- Supporting rural policy research and information dissemination;
- Developing capacity for rural health infrastructure at the local provider, community and state levels; and
- Funding demonstration projects and service delivery.

As part of the PART process, HRSA has developed the following long and short-term goals for its rural health programs:

1. Reduce Health Disparities: Expand the availability of rural health care resources to underserved, vulnerable and special-needs populations.

    Long-Term Goal:
    By 2010, reduce to 13.9 percent the proportion of rural residents of all ages with limitation of activities caused by chronic conditions.

Short-Term Goal:
Increase by 1 percent annually the number of people served through Rural Health Care Services Outreach Grants.

2. Strengthen Public Health Infrastructure and Health Care Delivery Systems: Improve development and use of rural public health infrastructure and health care delivery systems.

Long-Term Goal:
By 2010, increase to 35 percent the proportion of critical access hospitals with positive operating margins.
Short-Term Goal:
Increase by 0.5 percentage point annually the average operating margin of critical access hospitals.

The ORHP is committed to achieving these goals. The Office will build upon the PART evaluation to improve our effectiveness in achieving our goals. This will require a partnership with all of our grantees and we would appreciate any feedback you might have that would help us meet this charge.

More information about PART can be found at http://www.whitehouse.gov/omb/part/index.html.

II. AWARD INFORMATION

1. TYPE OF AWARD

Funding will be in the form of a grant.

2. NEW INFORMATION

The application guidance contains several new requirements for the FY06 application cycle. These changes will be identified by the statement **NEW INFORMATION** in the section header.

3. SUMMARY OF FUNDING – **NEW INFORMATION**

The approximate amount of funding for FY06 new start Outreach Program awards will be $9,000,000, contingent on the availability of funds. We anticipate making up to 60 new awards. The total amount of funding for each year of the requested project has changed. The individual grant awards will be limited to a total amount of direct and indirect costs of $150,000 in the first budget period, $125,000 in the second budget period and $100,000 for the third budget period. Applicants may propose project periods up to the maximum of three (3) years. Applicants must request all the years of funding that will be necessary to complete the proposed project in the original application.

Continued funding of the project beyond the first year of an award is subject to the availability of appropriated funds and satisfactory performance by the grantee.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

An applicant must be a rural, non-profit or public entity that represents a consortium of three or more entities that deliver health care services in rural areas. Only the applicant organization needs to be a rural and public or not-for-profit entity.

1) Consortium

The Outreach program requires the establishment of a consortium. Consortiums must be composed of at least three separately owned health care organizations or a combination of three or more health care organizations that provide health care services. For-profit organizations may be members of consortiums, but they are not eligible to be applicants. The purpose of the consortium requirement is to encourage creative and lasting collaborative relationships among service providers in rural areas. Members of a consortium might include hospitals, public health agencies, home health providers, mental health centers, primary care service providers, oral health service providers, substance abuse service providers, rural health clinics, social service agencies, health profession schools, local school districts, emergency services providers, community and migrant health centers, churches and civic organizations. The roles and responsibilities of each member organization must be clearly defined and each must contribute significantly to the goals of the project. The responsibilities of each consortium member must be outlined in a letter of commitment and submitted in the application.

2) Ownership and Geographic Requirements

Applicants for the Outreach program must meet at least one of the three requirements stated below. (Note: An Outreach grant award will be made to only one member of the consortium that will be the grantee of record and only that organization needs to meet the eligibility criteria.)

(1) The applicant organization must be located in a rural area or in a rural ZIP Code of an urban county (Appendix 3) and all services must be provided in a rural county or ZIP Code.* If the applicant is owned by or affiliated with an urban entity or health care system, the rural component may still apply as long as the rural entity has its own Employer Identification Number (EIN) and can directly receive and administer the grant funds in the rural area. The rural entity must be responsible for the planning, program management, financial management and decision making of the project and the urban parent organization must assure the Office of Rural Health Policy in writing that, for this project, they will exert no control over or demand collaboration with the rural entity. The urban parent may, through the request of the rural entity, assist with direct service delivery, provide expertise or health care personnel that would not otherwise be available; or

*Organizations located with headquarters in a metropolitan county that serve non-metropolitan or micropolitan counties or populations or have branches in a non-metropolitan counties are not eligible to apply based solely on the area they serve.

(2) The applicant organization exists exclusively to provide services to migrant and seasonal farmworkers in rural areas and is supported under Migrant Health Center

funding, section 330(g) of the Public Health Service Act. These organizations are eligible regardless of the urban or rural location of the administrative headquarters; or

(3) The applicant is a Tribal government whose grant-funded activities will be conducted within their Federally-recognized Tribal area (documentation of status as a Federally-recognized Native American Tribe must be included). Tribal governments are eligible regardless of the urban or rural location of the administrative headquarters.

2. Management Criteria

Applicants must have financial management systems in place and must have the capability to manage the project. The applicant organization must:

(1) Exercise administrative and programmatic direction over the grant project.

(2) Be responsible for hiring and managing the grant project staff.

(3) Demonstrate the administrative and accounting capabilities to manage the grant funds.

(4) Have permanent staff at the time a grant award is made.

(5) The applicant organization must have its own Employer Identification Number (EIN) from the Internal Revenue Service.

(6) **NEW INFORMATION**- The Organization must have non-profit status at the time of application. The application must include documentation of non-profit status by submitting an Internal Revenue Service letter or a letter from an appropriate State agency indicating the non-profit status. Only organizations that have legal documentation of non-profit status will be reviewed. The letter documenting the non-profit status should be numbered and placed in Appendix F and will count against the 80 page limit.

All private organizations must include a letter from the IRS or appropriate State entity that states the applicant organization is a not-for-profit organization.   **Public entities such as local, county or state government agencies do not need to include proof of taxing status.** Place this letter in **Appendix F**. If you are a public entity indicate the type of entity, local, county, state, on a sheet of paper placed in **Appendix F**.

Proof of Non-Profit Status

(1) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
(2) A copy of a currently valid IRS Tax exemption certificate.
(3) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals.
(4) A certified copy of the organizations certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.

(5) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

Proof of organizational viability must be included with the grant application. The applicant's most recent audit must be attached, as **Appendix I**, to the original application only. **<u>Do not include the audit in copies that are submitted</u>**. The audit **will not count** in the 80 page maximum limit.

3) Eligible Areas

In addition to the 50 States, applicants can be located in the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Territories of the Virgin Islands, Guam, American Samoa, the Compact Free Association Jurisdictions of the Republic of the Marshall Islands, the Republic of Palau and the Federated States of Micronesia.

2. COST SHARING/MATCHING

This program does not require cost sharing.

The grantee must agree to maintain non-Federal funding for grant related activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the grant. Grant funds cannot be used to supplant support for a currently funded activity.

3. OTHER

1) Notifying your State Office of Rural Health

The legislation for this program states that applications should be prepared in consultation with your State Office of Rural Health (SORH) or other appropriate State government entity. We **recommend** you contact your SORH early in the application process to advise them of your intent to apply. The SORH can often provide technical assistance to applicants. A list of the SORHs is enclosed. You should include a letter from the SORH or other State entity indicating you contacted them regarding your application during your project planning and development process.

This letter should be placed in **Appendix D**. The page for this letter should be numbered as part of the application, and **will** count against the 80 page limit.

2) Current and Former Rural Health Care Services Outreach Grantees

<u>NEW INFORMATION</u>: Current Outreach grantees cannot apply for this grant cycle. Grantees that are receiving a no-cost extension may apply for additional funds in the FY 2006 cycle. Former grantees and those in a no-cost extension involved in or submitting a new project must include: 1.The dates of any prior award; 2.The grant number assigned to the previous project; and 3. A copy of the abstract or project summary that was submitted with the earlier grant application. The project must differ from any previous projects, enlarge the service area of the project or enhance the previous grant activities. This information should be

placed in **Appendix H** The page(s) for this information should not be numbered as part of the application and **will not count** against the 80 page limit.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

1) Application Materials

Applicants must submit proposals using PHS Application Form 5161-1. This Form contains additional general information and instructions for grant applications, proposal narrative and budget. This form may be obtained by:

(1) Downloading from http://www.hrsa.gov/grants/forms.htm; or the forms and all the application documents can be obtained by:

(2) Contacting the HRSA Grants Application Center at:
The Legin Group, Inc.
Announcement HRSA-06-005, CFDA 93.912
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879
Telephone: 877-477-2123
HRSAGAC@hrsa.gov

Instructions for preparing portions of the application that must accompany Application Form 5161-1 appear in the "Application Format" section below.

2. Content and Form of Application Submission

1) Application Format Requirements

Whether you submit on paper or electronically, the entire application may not exceed 80 pages in length, including the face page, abstract, project and budget narratives, attachments and any appendices except Appendices H and I. Pages must be numbered consecutively. Applications that do not adhere to the page limit requirement will be returned.

If applying on-line, the total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA, approximately 10 MB.

Applications, whether submitted on paper or electronically, that exceed the specified limits (80 pages or approximately 10 MB, or that exceed 80 pages when printed by HRSA will be deemed non-compliant. All non-compliant applications will be returned to the applicant without further consideration.

a. Number of Copies
Please submit one (1) unbound original and two (2) unbound copies of the application. Please do not bind or staple the application. The application must be single sided. **Do not include the audit in the copies.**

b. Font

Use an easily readable typeface, such as Times New Roman, Courier, CG Times, or Arial. The text and table portions of the application must be submitted in no less than 12 point and 1.0 line-spacing, except where specifically noted in the instructions. Do not use colors as they will not be seen on duplication.

c. Paper Size and Margins
For scanning purposes, please submit the application on 8 ½" x 11" white paper. Margins must be at least one (1) inch at the top, bottom, left and right sides of the paper. Please left-align text. Do not include section dividers as these will count in the 80 page limit and make duplication difficult.

d. Numbering
Number the pages of the application sequentially from page 1 (face page) to the end of the application, including charts, figures, tables, and appendices (except Appendix I the contents of which do not count against the 80 page limit.) The page numbering for the Table of Contents and the entire application may be handwritten.

e. Name
Include the name of the applicant on each page.

f. Section Headings
Put all section headings flush left in bold type.

2) Application Order

The list below indicates all the items required for this grant application. Items must be submitted in the order outlined below. If the template is not followed it will make the review of your application difficult.

    i.   Application Face Page – Standard Form 424, Application for Federal Assistance
    ii.   Table of Contents
    iii.   Application Checklist: PHS Form 5161-1, pages 25-26
    iv.   Budget Pages for Non-Construction Programs – Standard Form 424A pgs 1 and 2.
    v.   Budget Justification
    vi.   Staffing Plan and Personnel Requirements
    vii.   Assurances – Non-Construction Programs: Standard Form 424B
    viii. Certifications: PHS Form 5161-1, pages 17-19
    ix.   Project Abstract
    x.   Project Narrative
         1. Need
         2. Response
         3. Evaluative Measures
         4. Impact
         5. Resources and Capability
         6. Support Requested
   xi. Funding Preference Request

           xii. Proof of Non-Profit status is applicable
           xiii. Disclosure of Lobbying Activities
           xiv. Required Appendices
                A. Biographical Sketches
                B. Position Descriptions
                C. Organizational Chart and Consortium Members Information
                D. Letters of Commitment and List of Letters of Support
                E. Project and Population Focus Information
                F. Non-Profit Documentation
                G. Letter from State Entity
                H. Previous Grantee Information (if applicable)
                I. Audit (Original only)

Every year the Peer Reviewers mark down those applications where the applicant did not follow instructions or the application template. Please follow all instructions carefully.

3) Specific Application Instructions

i. Application Face Page - Standard Form 424

The first numbered page of the application is the Face Page or Standard Form 424, Application for Federal Assistance (Rev.9-2003). Below are instructions for completing the form:

Block 1	Check Non-construction.
Block 2	Insert Date.
Block 3	Leave blank.
Block 4	Leave blank.
Block 5	The address in **Block 5** will be used for all correspondence and must be the applicant's "corporate office." All applicants must include their entire address, **including city, county (you must include your county name for eligibility purposes even if you are a county entity), State and zip code** in this block. Enter your DUNS * number where requested. **In the right hand portion of Block 5,** please include the organizational unit that will manage the project, name of contact person, E-mail, telephone and fax numbers. If the Project Director named in the application has a different address, please report it in this block. The Project Director must be employed by or under contract to either the grantee organization or a rural organization that is a member of the consortium.
Block 6	Enter your Employer Identification Number as assigned by the Internal Revenue Service.
Block 7	Insert the appropriate letter in the box provided (See instructions). Nonprofit organizations should check N for "Other" and identify themselves as non-profit.
Block 8	Check New.
Block 9	Insert Health Resources and Services Administration, Office of Rural Health

	Policy.
Block 10	Insert 93.912 in the boxes provided and enter "Rural Health Care Services Outreach Grant Program" as the title. **You must enter the title or the application could be misdirected.**
Block 11	Insert the title of the proposed grant-funded project.
Block 12	Specify as instructed and please be sure to include all counties where services will be provided.
Block 13	This Block is for showing the total number of years (not to exceed three) for which funding is requested. Enter May 1, 2006 as the start date. The ending date for a three-year project would be April 30, 2009.
Block 14	Insert the Congressional District in which the applicant is located and any other Congressional Districts affected by the project.
Block 15	(Line a) Insert the total amount of **Federal** funds requested for **the first twelve month** period only**,** not to exceed $150,000, starting **May 1, 2006** and ending **April 30, 2007**. (This figure should be the same as shown in Page 1, Section A, Line 1(e), Federal, on Form 424A) (Lines b – e) Insert the amount of cash or in-kind contributions for the twelve-month period starting May 1, 2006 and ending April 30, 2007 from the sources shown. These figures will correspond to amounts shown on Form 424A, Page 2, Section C, Line 12, columns b, c, and d. (Line f) Insert the amount of anticipated program income to be earned, as a direct result of receiving this program's funds, by the project during the next twelve month budget period, if any. This figure should be the same amount as shown on Form 424A, Page 1, Section B, Line 7, Column 1. **(Note: Your budget justification should include an explanation of how any program income will be spent.)** (Line g) Insert the total of lines 15a through 15e **(do not include Line 15f., Program Income in the total on Line 15g. (The program income is not a definite figure.)**
Block 16	**Executive Order 12372:** This grant program is subject to Executive Order 12372, which requires applicants to seek comments on the application from their *State Single Point of Contact (SPOC)* unless the applicant is a federally recognized Indian Tribal Government or the State does not participate in this process. A list of State SPOCs in the participating States is included with the application kit. In general, SPOCs are State agents that review grant applications to determine if they are in accordance with State policy. Applicants in States with a SPOC must contact the SPOC about the application and receive any instructions on the State process. Further, applicants in participating States must submit a copy of the application to the SPOC no later than the Federal application receipt deadline. **Note:** If required by your State, you must make the application available for State review and must advise the State to submit comments to the Federal Grants Management Specialist within 60 days of the Federal application receipt

	date. The Grants Management Specialist contact information is in **Section VII**.
Block 17	Check as appropriate.
Block 18	The application must be signed, **in blue ink**, by a representative who is duly authorized to sign for the applicant organization. The applicant must have in its files a copy of the authority for this individual to sign the application. The authorized representative is an individual with the legal authority to obligate the applicant organization financially and programmatically. He or she is not necessarily the Project Director.

* DUNS Number

All applicants are required to have a Dun and Bradstreet (DUNS) number to apply for any grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at http://www.hrsa.gov/grants/preview/dunsccr.htm or call 1-866-705-5711. Applications *will not* be reviewed without a DUNS number.

Register in the Central Contract Registry (CCR)

In order to help centralize information about grant recipients and provide a central location for grant recipients to change organizational information, the government will be using the Central Contractor Registry (CCR) for grant applicants and recipients. Use of the CCR is to provide one location for applicants and recipients to change information about their organization and enter information on where government payments should be made. The registry will enable recipients to make a change in one place and one time for all Federal agencies to use.

The applicant organization is required to register with the Federal Government's Central Contractor Registry (CCR) in order to do electronic business with the Federal Government. A DUNS number is necessary to register with CCR. Information about registering with the CCR can be found at http://www.hrsa.gov/grants/preview/dunsccr.htm.

ii. Table of Contents

Provide a Table of Contents for the entire application (including appendices), with page numbers. This template (items 1 through 14) should be used as the Table of Contents for your application. The Table of Contents will list items 1 (face page) through 14 (Required Appendices) and show the page number where each item is found in the application. A page number must be given for each item. The page numbering for the Table of Contents and the entire application may be handwritten.

iii. Application Checklist

Pages 25-26 of Form PHS-5161-1 include a **Checklist Form** that will help you make sure that all of the required application materials have been completed. Please use this form and insert it here in your application. Be sure that the contact information for both

the official business contact and the project director of the grant are current and accurate.

iv. Budget

Questions about the budget or fiscal matters should be directed to the Agency's Grants Management Specialist for the program as listed in Section VII of this guidance. The budget forms (PHS 5161, SF 424A, pages 1 and 2) that come with the application packet should be included in this section of the application. The budget justification narrative should remain under section **v.** of the application.

Budget Information and Instructions for Completing the SF 424A.
Please follow the instructions found here rather than using the information found in PHS Form 5161-1.

SF 424A: Section A – Budget Summary

Line 1, Column a: Enter Rural Health Care Services Outreach
Line 1, Column b: Enter 93.912
Line 1, Columns c and d: Leave blank (not applicable for new applications.)
Line 1, Columns e and f: Enter the Project Costs for the first year of the project (FY 2006) from Federal, not to exceed $150,000, and non-Federal Sources
Line 1, Column g: Enter the total for Columns e and f.
Line 2-5: Leave blank.

SF 424A: Section B – Budget Categories
Line 6, Column 3: Enter the amount of **Federal** support requested for each Object Class Category, rows a through h. Enter the cost total of lines a. through h. into row i.*
Line 6, Column 4: Enter the amount of non-Federal support requested for each Object Class Category, rows a through h. Enter the cost total of lines a. through h. into row i.*

* The total costs for Budget Line Items in Section B, rows a. through h. must be broken down and totaled separately for Federal support (column 3) and Applicant contributions (column 4)

Note: Funds requested for equipment must not exceed 40 percent of the total Federal award each year.
Line 6, Item j. (Indirect Costs): Specify the amount of Indirect Charges, which are allowable only if a rate has been approved by a Federal Agency.

Line 6, Item k: The amount on Column 3, Line 6 k, should be the same as the amount in Section A, Line 1, Column (e) above, and Block 15a of the Face Page, SF-424.

Line 6, Item k: (Federal Contributions): The amount on Column 4, Line 6 k, should be the same as the amount in Section A, Line 1, Column (f) above, and Block 15b of the Face Page, SF-424.

Line 6, Column 4: (Non-Federal Contributions): Distribute the amount shown in Section A, Line 1, Column (f) among the Object Class Categories (this includes both cash and in-kind contributions from all non-Federal sources). Insert the total for this column in Column 4, Line k.

Line 6, Column 5: Enter the totals for Columns 3 and 4 (Federal and non-Federal) for each Object Class Category. The amount on Line k, Column 5 should be the same as the amount on Block 15g., Total, on the Face Page Form (SF 424).

Line 7, Column 1: Enter the amount of estimated program income for the first twelve-month budget period, if any. This is the same amount that appears on the Face Page, Block 15f.

SF 424A: Section C – Non-Federal Resources

Line 8, Column a: Enter "Rural Health Care Services Outreach Grant Program."

Line 8, Columns b, c and d: Enter the value of cash and in-kind contributions contributed by the applicant, State and other sources and insert the total(s) in Column e. These figures correspond with those on the Face Page, Blocks 15 b, c, d, and e. Line 12, Column e: Enter the total of Columns b, c, and d. The amount should be the same as that shown in Section A, Line 1, Column f.

SF 424A: Section D – Forecasted Cash Needs

Leave this section blank. This section does not apply. Outreach monies are request as used not on a quarterly schedule.

SF 424A: Section E – Budget Estimates of Federal Funds Needed For Balance of the Project

Line 16, Column a: Enter Rural Health Care Services Outreach Grant Program.

Line 16, Column b: Insert the funds requested for the second budget period, not to exceed $125,000, (the first future funding period) including Indirect Costs, if appropriate (May 1, 2006 – April 30, 2007).

Line 16, Column c: Insert the funds requested for the third budget period, not to exceed $100,000 (the second future funding period) including Indirect Costs, if appropriate (May 1, 2007 – April 30, 2008).

Line 16, Column d and e: Leave blank.

Lines 17 – 20: Leave blank.

SF 424A: Section F – Other Budget Information

Line 21 (Direct Charges): Leave this item blank. The information will be provided in your detailed budget justification in Section v.

Line 22 (Indirect Charges): Specify the type of Indirect Cost Rate that has been negotiated with a Federal agency, if applicable. Indirect Costs are only allowed if a rate has been approved by a Federal agency.

Line 23 (Remarks): Significant remarks should be included in the Budget Narrative.

v. Budget Justification

This announcement invites applications for project periods of up to three years. Awards, on a competitive basis, will be for a one-year budget period, although project periods may be for up to three years. Applications for continuation grants funded under these awards beyond the one-year budget period, but within the three year project period, will be entertained in subsequent years on a noncompetitive basis, subject to availability of funds, satisfactory progress of the grantee and a determination that continued funding would be in the best interest of the Government.

In this section, the applicant must provide:
 (1) An itemized budget Justification or spreadsheet **for each budget period (May 1 – April 30) for each year of funding being requested, up to three years**. The budget table must match the figures requested for each line in the budget presented on Form SF 424A. **See a sample Budget Justification in Appendix 1; and**,

 (2) The budget narrative should be used to describe proposed expenditure presented in the budget tables and each line item should be broken down to include exactly what the total represents. (i.e., Travel - $2,000 for two to attend the Annual Grantee Meeting in Washington, DC, Local Travel, 500 miles at $ .31 a mile, etc.)

 (3) Below are the Budget Narrative categories with an explanation of what information should be included. In the Other category add categories that are not included here for which money will be set aside to complete your grant activities.

   Personnel: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percent full time equivalency, annual salary and the exact amount requested for each project year which mainly covers indirect cost. The Project Director must be employed by or under contract to either the grantee organization or a rural organization that is a member of the consortium.

   Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

   Equipment: Equipment is defined as durable items with an acquisition cost over $5,000 per unit and a life expectancy of at least one year. List every item of

equipment and describe its purpose in relation to the project. Equipment expenses may not exceed 40 percent of the Federal funds to be used by the applicant organization for each year of the project. Applicants are required to obtain price quotations from at least three separate sources.

Supplies: Please itemize and explain the expendable items required for the project. These would include, among other items, computer equipment and peripheral supplies costing less than $5,000 per unit.

Travel: Explain the need for all requested travel, including the number of people traveling, duration of trips, destinations, relevance to project, etc. List travel costs according to in-State and out of State travel. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

ORHP requires each grantee to participate in an annual meeting for each year of the project period as a condition of the award. Please allocate travel funds for up to two program staff to attend this meeting. The meeting will be held in the Washington, D.C. area.

Contractual Costs: Explain how any proposed contractual arrangements relate to the proposed project. Provide a clear explanation as to the purpose of each contract, how the costs were estimated and the specific contract deliverables.

Other: All costs that do not fit into any other category should be entered into this category. Provide an explanation of each cost. In some cases, grantee rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants must clearly provide justification for all items in the budget. The proposed budget expenditures must directly relate to the stated activities. The budget justification should be concise. Do not use the budget justification to expand the project narrative. Describe program costs as they relate to activities to be undertaken to address the stated goals and activities of the grant during the next budget period.

Indirect Costs
Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. Indirect costs will be allowed only if the grantee has a negotiated indirect cost rate approved by a Federal agency. If the applicant does not have an indirect cost rate, you may obtain one by visiting the Division of Cost Allocation website: http://rates.psc.gov/.

Program Income

All program income generated as a result of Outreach grant funds must be used for approved project-related activities.

Miscellaneous

Funds may not be spent, either directly or through contract, to pay for the purchase, construction, renovation or improvement of facilities or real property. Funds may not be used to support in-patient care.

vi. Staffing Plan and Personnel Requirements

In this section present a staffing plan and provide a justification for the plan that includes educational level, experience qualifications and rationale for the amount of time being requested for the staff positions necessary to achieve the goals of the project.

Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in **Appendix A.** (The Project Director must be employed by or under contract to either the grantee organization or a rural organization that is a member of the consortium.) **If the project officer is under contract to the applicant organization, the terms of the contract must be included.** Biographical sketches, which are short overviews of past education and experience that suggest the qualifications necessary to perform assigned works, of all key personnel should be included. Resumes may be used for key staff that will be involved in the implementation of the project. This includes KEY staff of the consortium members, staff of the grantee organization and staff to be hired that have a key role in the day-to-day management of the program. Information on the staff of the consortium members should only be included for the staff that will have a major role in the implementation and success of the project. Resumes should be brief, one or two pages are preferred, and should be placed in Appendix A. The pages in **Appendix A** should be numbered and **will** count against the 80 page limit.

For page limit assistance, do not include information on publications that the staff person developed or employment that is not directly related to the grant proposal.

Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included. If new positions are to be developed for staffing the project, specifically for key personnel of this project, a position description for each must be included in the application. Each position description should be short (one page is suggested) and include only major duties to be performed and the experience required for the person to be hired. The position descriptions should be placed in **Appendix B**. The pages in **Appendix B** should be numbered and **will** count against the 80 page limit

vii. Assurances – Non-Construction Programs

Form PHS-5161-1 includes Standard Form 424B (two pages), which applies to all applicants for Non-Construction Programs. Please sign the Assurances and include the entire document under this section of your application.

viii. Certifications

Form PHS-5161-1, pages 17-19 in the application kit, includes certain certifications involving workplace requirements, disbarment, fraud, and other issues. Applicants are required to sign these Certifications and include them in this section.

ix. Project Abstract

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the applicant's goals, the needs to be addressed, the proposed services and the population groups to be served. The project abstract must be single-spaced and limited to one page in length. The heading of the abstract should include the following information:

> a. The name of the grant program (Rural Health Care Services Grant Program)
> b. The name of the applicant organization, contact person, address, phone and email address information.

x. Project Narrative

The following Project Narrative Sections are to be used for defining the problems that your grant application proposes to resolve, the work plan for the proposed grant and the support for your proposal. (Please note that the Budget Justification and Staffing Plan and Personnel Requirements are located in separate sections of the application, section v. and vi. respectively.) The section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

NOTE: Substitute the following instructions for Form PHS-5161-1, pages 21-23 (Instructions - Program Narrative)

1. Need

In this section identify how the needs of the community were identified. Include information on how the target population was involved in identifying the needs to be addressed and in the planning for the proposed project.

The project activities funded under the Outreach program are based on community need. For evidence of community buy-in, it is imperative that the target population be involved in identifying the needs and the activities proposed to address the needs.

Describe the target population and its unmet health needs. The population description may include information about the incidence and prevalence of specific conditions, such as chronic diseases or about the age or socioeconomic status of the target population. Demographic data should be used whenever possible to document the unmet needs. Also, describe the entire population of the service area and its demographics in relation to the population to be served.

Please discuss the relevant barriers to health care in the service area that the project hopes to overcome. In some instances, there is a general problem of access to particular health services in the community. In other cases, needed services may be available in the community, but not to all who need them. In many rural communities, shortages of health care personnel are important access issues. Any geographic, socio-economic, financial, cultural, linguistic, ethnic, workforce or other barrier(s) to access to health care should be discussed in this section.

Every project is located in an area that is bounded geographically in some way. There may be important physical features to the landscape that are important for reviewers to understand. This section describes the area to be served and must include a map of the service area to be used as a reference by reviewers. The map does not have to be "tailor made" for this application. It can be a copy or portion of an existing map that has been altered, by hand if necessary, to show where the project activities will be provided. Identify the health care services available in or near your service area. It is important for reviewers to understand the number and type of relevant health and social service providers that are located in and near the service area of the project and how they relate to the project. Applicants should also describe the potential impact of the project on existing providers (e.g., changes in referral patterns, practice patterns, etc.) who are not part of the project. Any potential adverse effect is particularly important, as well as estimates of how the project might augment and enhance any existing capabilities in the service area.

Applicants whose projects have a major focus on increasing access to affordable Pharmaceuticals should be familiar with the HRSA 340B drug purchasing program. Information on the program can be found at http://bphc.hrsa.gov/opa/howto.htm. If the consortium is not eligible for the 340B program, the applicant should identify the mechanism they will use to provide the medications.

Projects that include the following activities have been of special interest to HRSA: Where telehealth and/or new and emerging technologies are being used to help achieve project goals. The advent of advanced communication tools such as distance learning, remote patient monitoring, personal data assistants (PDAs), interactive video, satellite broadcasting and store-and-forward technology are just some of the many health care focused technological applications that can help improve access to care either directly or indirectly by improving the efficiency of local health care providers; or projects that significantly address oral health care needs of the community to be served; or projects that significantly address mental health service needs of the community to be served.

Indicate what tools were used to identify the special needs of your community. (Tools could include: needs assessments; town meetings; health screening; health fairs; questionnaires; etc.) Health status indicators may be relevant to some applications, as may be the ethnicity and occupational status of the population. Insurance information, poverty, statistics regarding crime, drug abuse and other social problems may be relevant and should be included. Local data, which is particularly important if available, should be used to document the unmet health needs in the target population. This data should be compared to state and national data. A one-page listing of letters of support

received from community members that do not have an active role in the consortium should be inserted in **Appendix D.** This list **will** count against the 80 page limit.

Project and Population Focus Information

On a separate piece of paper (inserted as **Appendix E)** identify the percent of time spent on the **top three services/activities** you will be providing and the ethnic makeup of the target population such as:

Services (identify top three):   **Percent of Time**:

Case Management (interdisciplinary approach)
Community Outreach Workers
    (education and/or use of outreach workers)
Consumer Health Education
Dental
Emergency Care
Health Provider Education
Home Health Care
Mental and Behavioral Health and Substance Abuse
Mobile Clinic
Pharmacy Related/Affordable Drug Programs
Primary Care (e.g., ambulatory services, general pediatrics,
    general internal medicine, family practice)
Screening/Assessment
Telecommunications/Telemedicine (networks)
Social Services
Transportation (primary or major component)
Other (project specific, please identify)

Target Population: **Percent of Distribution**:

African American
American Indian
Asian/Pacific Islander/Alaska Native
        (identify which ethnic group)
Caucasian
Hispanic
Other (identify)

Please estimate the number of clients you will serve and the number of total encounters you expect to make in the first year of funding.

Total Number of Clients:

Total Number of encounters:
Please indicate the breakdown, by age group, of the clients that will receive services:

Age Groups: **Number of Clients**:

Children (0-12)
Teens (13-17)
Adults (18-64)
Elderly (64 +)

Address the Role of the Community in Project Planning: Describe the manner and degree to which members of the community and/or the target population were included in planning for the activities of the project. Indicate what percent of the target population was included in the planning process. Also, describe the involvement of representatives of local, sub-State regional and/or State government that were involved in the planning process as well as the involvement of local non-governmental organizations.

All projects that will primarily serve multiple ethnic or racial groups must describe specific plans for ensuring the services provided address the cultural, linguistic, and social differences of the target populations.

Sustainability
The applicant should include a plan for sustaining the project that is realistic and feasible. Sustainability strategies must include options that do not depend solely on other grant funding.

Many Outreach grants throughout the years have provided the seed money that enables a community to start programs that have continued to grow and develop long after the Federal grant ended. The chances of this happening are increased if planning for sustainability is accomplished in the beginning stages of the project. As you analyze options for sustainability, it is suggested that you consider a range of possible options. For example, in projects targeting any kind of children's health services, applicants are encouraged to consider using grant funds to identify and enroll children who are eligible for Medicaid or the respective State Children's Health Insurance Program. Past experience with outreach grantees has demonstrated that effective enrollment programs can help reduce uncompensated or charity care in rural populations. This helps produce revenue that can help sustain a project directly or lessen the financial burden on participating providers such as private practitioners, hospitals or clinics so that they can assume more costs for continuation of the project.

2. Response

NEW INFORMATION: For the FY06 new Outreach Grantees, the Office of Rural Health Policy will identify performance measures for certain types of projects.

The performance measures that the new grantees will use will be based on nationally recognized data collection requirements to measure the impact of projects that focus on specific diseases, i.e., cardiovascular/heart disease, diabetes, obesity, teen pregnancy, etc.

Projects that focus on Health Promotion and Disease Prevention should identify potential measures that will be used to tract the outcomes of the project. For example, obesity projects could focus on the weight, BMI and/or daily exercise of the population before and after implementation of the project, or, if focusing on diabetes you could tract the A1C levels of your target population before and after implementation.

In this section, the applicant identifies the goals of the project and fully describes the strategies for carrying out grant-funded activities to meet these goals. These goals and objectives should directly relate to the information presented in the Needs section. In narrative format, the applicant explains the strategies and activities that will be used to accomplish the stated goals and objectives.

Goals, Strategies, Activities, Responsible Agents and Completion Milestones are the components of a project plan. A goal is the target outcome or result that is to be accomplished through the proposed project activities. Applicants may state a single goal or multiple goals. Applicants should indicate how significant the realization of the goal(s) will be for the target population and for others in the community. For example, will there be an increase in access to health care, will diabetics have better self-monitoring techniques or will the Emergency Room register fewer non-acute walk-in visits.

A strategy is a plan to accomplish a goal, or a portion of a goal. An activity is an action step toward completion of a strategy. Goals and strategies should be measurable, realistic, and achievable in a specific timeframe.

Responsible agents are persons or organizations that are responsible for completing activities. Completion dates are deadlines by which goals, strategies and activities are to be completed by responsible agents. Outcomes and/or process measures are used to determine whether a goal, a strategy or an activity has been achieved. Using these measures, the applicant should identify a process for periodic feedback and program modification as necessary.

Work Plan
In this section, describe the specific activities and steps that will be taken to achieve the project goals and each of the activities proposed in the methodology section. Identify the person and organization responsible for carrying out each step. Describe the strategies, specific activities, anticipated outputs and evidence of progress, and the anticipated timeframe. Please use a table of this type when completing this section.

Table for Project Work Plan – Use of 10 pitch font is acceptable

Goals	Strategies	Activities	Responsible Agency/Person	Outcomes and/or Process Measures	Completion Date
A. Reduce Teen	1. Educate Teens and	a)Hold Parent/teen	1. County Substance	Numbers of teens involved	Every 3 months

| Drinking and driving by 75% | Parents | meetings on the effects of alcohol

b)Display cars that have been involved in drinking and driving accidents | Abuse
2. School District Counselors

1. County Impound Lot and
2. Sheriff's Department | in drunk driving arrests/acciden ts compared with baseline data | |
| B. Reduce number of teens buying alcohol | 2. Educate Liquor Store Owners | a)Class on how to Say No to teens carrying fake IDs | 1. County Mental Health Counseling Clinic
2. Sheriff's Department | Numbers of teens caught using fake IDs | Every 3 months |

3. Evaluative Measures

The evaluation plan and salary for evaluator should account for between one (1) and five (5) percent of the project budget. It is extremely important to identify an evaluator during the project planning process. This will provide a solid basis for developing plans to increase the quality of the proposed project. The application should identify strategies for review of the day-to-day project activities in order to measure the effectiveness of the on-going activities.

The applicant must also reference the measures identified to indicate the success of the project at its completion. It is based on the goals of the project. Both outcome and process measures may be used in the plan. For example, an outcome measure would be one that assesses a reduction of the rate of a particular disease in the target population. By contrast, a process measure could demonstrate that 2000 patients received services offered through the project. The purpose of the plan is to determine if, and to what extent, the project made a difference to the lives of those it touched.

4. Impact

The applicant should discuss any research done to identify proven methods that have been used in other communities that address the same or similar needs as in their service area. The applicant should identify any known National models they have used to develop the activities of the project i.e., disease management, health education and prevention strategies and/or performance measures. The applicant should describe how the activities they propose will impact the target population. The applicant should indicate how the proposed project might be national in scope and replicable by other rural communities with similar needs. The project narrative should include evidence of the extent and effectiveness of plans for dissemination of project results. Applicants

should also discuss what economic impact on the community, if any, is expected for providing the activities of the project.

If the application proposal is based on another grant program that succeeded in another community, please describe that program, how it was funded and why you think it will succeed in a new community. There is particular interest in model programs that have received funding from the U.S. Department of Health and Human Services.

5. Resources/Capabilities

The applicant organization should be described in this section, with an emphasis on its ability to manage the project, the consortium, to administer grant funds and deliver the services proposed for the project. The applicant's history in providing and managing the relevant services should be discussed. Evidence of success with other similar projects, particularly collaborative endeavors, should be provided when applicable.

All consortium members must have a realistic reason for being included in the project. The applicant is encouraged to carefully consider selection of participants in the consortium to ensure that the consortium positively contributes to the success of common project goals. The purpose of the consortium is to 1) encourage creative and lasting collaborative relationships among health service providers in rural areas; and 2) ensure that the applicant organization receives regular input from relevant entities within the health sector to ensure that the grant-funded project is addressing the health needs of the community being served.

The applicant should identify the strategies employed for defining the consortium. The applicant should identify the point at which the other members of the consortium became involved and the nature and extent of their responsibilities and contributions to the project.

The roles and responsibilities of each consortia organization must be clearly defined by the applicant in the application. The frequency with which the consortium meets and the proposed process for soliciting and incorporating input from the consortium into the program for decision making and problem solving should be discussed in this section. Evidence of the ability to deliver services and otherwise meet the needs of the project should be presented here for each organization participating in the project consortium. Remember that each participating consortium member must have a substantive and vital role in achieving the goals of the project. A one page list of all consortium members including organization, full address, phone/fax numbers, contact person and e-mail address should be inserted in **Appendix C**. Describe how authority will flow from the applicant receiving the Federal grant funds to the consortium members. Include an organizational chart for the applicant organization and the consortium in **Appendix C**. These charts **will** count against the 80 page limit.

Each member of the consortium must submit a letter that explicitly describes that particular consortium member's commitment to the activities of the project. Letters should outline the role, responsibilities and resources (cash or in-kind) to be contributed by each consortium member. A Memorandum of Agreement (MOA) is also acceptable

as proof of commitment from the consortium members. The MOA must explicitly describe each member's responsibilities and the resources each organization will bring to the project. The applicant does not need to include a letter. A letter of commitment or MOA represents a promise to provide organizational resources for the good of the project. Letters of commitment or MOA from all major consortia members must be signed in **blue ink** by a person in the organization that is an authorized individual with the legal authority to obligate the applicant organization financially and programmatically and must be submitted with the original application. Letters of commitment are different than letters of support. Letters of support are from non-consortium members and indicate awareness and acceptance of the proposed project. The letters of commitment/MOA are placed in **Appendix D** and **will** count against the 80 page limit.

Describe how and when the consortium will meet. Describe the process for making important decisions. Will decisions be made by all members or is there a mechanism in place to allow for quick decision making without participation of the entire consortium? What authority, if any, will the Project Director have to act without full consortium participation in an emergency? The applicant should show that they have a clear workable communication and coordination plan. Measures should be included to assess the effectiveness of the plan for consortium coordination and its timely implementation. The applicant should identify a process for periodic feedback and program modification as necessary.

Describe potential problems (consortium disagreements, personnel actions, expenditure activities) that are likely to be encountered in designing and implementing the activities described in the work plan. Include approaches that will be used to resolve identified challenges.

6. Support Requested

The information for this section is placed in Section IV #2 sections iv and v as indicated in the application order. There are three separate sections that need to be included for the Budget, section iv. - the Budget Forms (SF424A, pages 1 and 2), the Budget Justification and the Budget Narrative. The instructions for the budget forms are included in step-by-step format using each line in the Budget Forms.   Section v. – a. Budget Justification should be more extensive and include each of your budget line items. The Budget Justification should be formatted for separate columns for each year of funding requested. For guidance purposes, there is a **sample** Budget Justification in Appendix 1. The third section of your budget is b. Budget Narrative. The Budget Narrative should extensively explain the expenditures requested for each line item in the proposed budget. For example for a line item of travel, you should indicate where the travel is to, how many people are involved and the length of the travel. Grantees are required to attend a yearly grantee meeting and up to two persons may attend using grant funds. The total cost may be $3,500, but this figure must be broken down to indicate that 2 persons are traveling to the annual meeting, $550 each for airfare, $350 each for the registration fee and $900 each for 4 days of hotel, meals and transportation expenses.

xi. Funding Preference Request

This section is to be used for requesting a funding preference. Applicants receiving a preference will be placed in a more competitive position among the applications that can be funded. Please refer to section V "Application Review Information", number 2 "Review and Selection Process", number 2) "Funding Preference" (page 37) for complete definitions of these options and to determine if you qualify. In this section, please discuss and support the specific preference(s) that apply to your proposed grant-funded activities. Funding preferences are included in the Legislative language authorizing the Outreach program and must be requested to be considered. If your consortium does qualify for a preference, you must provide supporting information and documentation in this section. Also indicate if your consortium does not qualify for a preference.

xii. Proof of Non-Profit Status

All private organizations must include a letter from the IRS or appropriate State entity that states the applicant organization is a not-for-profit organization. Refer to page 8 for specific information regarding acceptable documents. Public entities such as local, county or state government agencies do not need to include proof of taxing status. Place this letter in **Appendix F**. If you are a public entity indicate the type of entity, local, county, state, on a sheet of paper placed in **Appendix F**.

xiii Disclosure of Lobbying Activities

Form PHS-5161-1 includes DISCLOSURE OF LOBBYING ACTIVITIES forms. If your organization has lobbying activities, review, complete and sign this form and include it in this section. **If your organization does not lobby you do not need to submit this form.**

xiv. Required Appendices

Please provide the following appendices to the application. Please note that these are not intended to be a continuation of the project narrative. Appendices should be labeled clearly. Note: The pages in **Appendices A, B, C, D, E, F and G will** count in the application 80 page limit. The pages in **Appendices H and I** should not be numbered as part of the application and **will not** count in the 80 page limit.

Appendix A: **Biographical Sketches of Key Personnel**
Submit biographical sketches or resumes for persons occupying the key positions described in the personnel narrative. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. The resumes should be numbered as part of the application and **will count** against the 80 page limit.

Appendix B: **Job Descriptions for Key Personnel to be Hired**
Submit job descriptions for key personnel to be hired for this project. Keep each to a one page maximum if possible. For the purposes of this grant application, Key Personnel is defined as persons funded by this grant or persons conducting activities central to this grant program. Item 6 in the Program Narrative section of the PHS

5161-1 Form (p. 22) provides guidance on items to include in a job description. The job descriptions should be numbered as part of the application and **will count** against the 80 page limit.

Appendix C: **Organizational Chart and Consortium Members Information**
Submit a one-page organizational chart of the applicant's agency, department or organization and a one-page consortium organizational chart. Also include a one page list of the consortium members' information including: organization name, complete address, contact person, phone and fax numbers and e-mail address. The organizational charts and consortium members' information list should be numbered as part of the application and **will count** against the 80 page limit.

Appendix D: **Letters of Commitment and List of Letters of Support Received**
Include letters of commitment from each Consortium Member, which specifically identify the organization's involvement in the activities of the project. The letters must indicate what role the organization will play in the project and the amount of financial support (in-kind services, dollars, staff, office space, equipment, etc.) they will provide to the project. You need to submit the original letter and it must be dated and signed in blue ink. Include a one-page list of contact information for the letters of support received from community members not involved in the consortium. The letters of commitment and the list of letters of support should be numbered as part of the application and **will count** against the 80 page limit.

Appendix E: **Project and Population Focus Information**
The applicant must identify the three major services/activities being provided through the project, the ethnicity of the population to be served, how many unduplicated encounters are anticipated for the entire year, the total number of encounters for all purposes for each year and the targeted age groups. This **will count** against the 80 page limit. See page 23 for further information.

Appendix F: **Proof of Non-profit Status**
The applicant must include a letter from the IRS or eligible State entity that provides documentation profit status. This **will count** against the 80 page limit.

Appendix G: Letter of Support from the State Office of Rural Health (SORH) or other State entity.
The legislation for the Outreach Program indicates that applications will be submitted in consultation with the SORH or other State entity. You must include a letter of support from the SORH or other State entity indicating you provided information on your application to them. The letter should identify what support of your application and how much, if any, assistance they were able to provide during your application planning or development process. This letter should be numbered as part of the application and **will count** against the 80 page limit.

Appendix H: Former Grantee Information
Former grantees involved in or submitting a new project must include: 1.The dates of any prior award; 2.The grant number assigned to the previous project; and 3. A

copy of the abstract or project summary that was submitted with the earlier grant application. The page(s) for this information should not be numbered as part of the application and **will not count** against the 80 page limit.

Appendix I: **Audit**
You must include a copy of your most recent organizational audit. The audit report should only be inserted with the original application. The audit pages should not be numbered as part of the application and **will not count** against the 80-page limit. ___*Do not submit the audit with the required copies of the application.*___

3. SUBMISSION DATES AND TIMES

Application Due Date

The due date for applications under this grant announcement is September 23, 2005 at 5:00 P.M. ET.

Applications will be considered as meeting the deadline if they are either:

1) Received on or before the due date; or
2) Post marked or E-marked on or before the due date, and received in time for the Independent Review Committee review.

The Chief Grants Management Officer (CGMO) or a higher-level designee may authorize an extension of published deadlines when justified by circumstances, such as acts of God (e.g., floods or hurricanes), widespread disruptions of mail service, or other disruptions of services, such as a prolonged blackout. The authorizing official will determine the affected geographical area(s).

Electronic Submission
Applications must be submitted by 5:00 P.M. ET. **To ensure that you have adequate time to follow procedures and successfully submit the application, we recommend you start submission no later than noon on the due date.** Applications submitted electronically will be time/date stamped electronically, which will serve as receipt of submission.

Paper Submission
Upon receipt of a paper application, the Grants Application Center will mail an acknowledgement of receipt to the organization's Program Director as listed in Section 5 of the SF424 Face Page.

In the event that questions arise about meeting the application due date, applicants must have a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be accepted as proof of timely mailing.

Late Applications

Applications that do not meet the criteria above are considered late applications. Health Resources and Services Administration (HRSA) shall notify each late applicant that its application will not be considered in the current competition.

4. INTERGOVERNMENTAL REVIEW

The Outreach grant program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Application packages made available under this guidance will contain a listing of States which have chosen to set up such a review system, and will provide a State Single Point of Contact (SPOC) for the review. Information on states affected by this program and State Points of Contact may also be obtained from the Grants Management Officer listed in the AGENCY Contact(s) section, as well as from the following Web site: *http://www.whitehouse.gov/omb/grants/spoc.html.*

All applicants other than federally recognized Native American Tribal Groups should contact their SPOC as early as possible to alert them to the prospective application and receive any necessary instructions on the State process used under this Executive Order.

Note: If required by your State, you must make the application available for State review and must advise the State to submit comments to the Federal Grants Management Specialist within 60 days of the Federal application receipt date.

5. FUNDING RESTRICTIONS

Applicants may propose project periods up to the maximum of three (3) years. Applicants must request all the years of funding, up to three, that will be necessary to complete the proposed project in the original application.

Continued funding of the project beyond the first year of an award is subject to the availability of appropriated funds and satisfactory performance by the grantee. Awards for new projects will be announced by May 1, 2006. The project period for this grant is May 1, 2006 thru April 30, 2009.

Outreach funds cannot be used to purchase or acquire real property.

Outreach funds cannot be used to provide inpatient care or for construction or renovation.

No more than 40 percent of the Federal share for each budget period may be spent on equipment.

6. OTHER SUBMISSION REQUIREMENTS

1) Paper Submission

If you choose to submit paper copy, applications must be type written with pages consecutively numbered. Use 8 1/2 x 11 inch paper with no less than 1/2" margin on all sides and pages printed on one side only. Please do not staple or bind the application. Use

clips or rubber bands to secure the application. Bound applications make reproducing the applications difficult. Please send the signed original and two copies of the application to:

> The HRSA Grants Application Center
> The Legin Group, Inc.
> Attn: **Rural Health Care Services Outreach Program**
> **HRSA-06-005**
> CFDA No. 93.912
> 901 Russell Avenue, Suite 450
> Gaithersburg, MD 20879
> Telephone: 877-477-2123

Upon receipt of a paper application, the Grants Application Center will mail an acknowledgement of receipt to the organization's Program Director.

In the event that questions arise about meeting the application due date, applicants must have a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be accepted as proof of timely mailing.

2) Electronic Submission

You may submit your application to us either in electronic or paper format. To submit an application electronically, please use the http://www.Grants.gov apply site. If you use Grants.Gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site. You may not e-mail an electronic copy of a grant application to us.

Please note the following if you plan to submit your application electronically via Grants.Gov:
- Electronic submission is voluntary
- When you enter the Grants.Gov site, you will find information about submitting an application electronically through the site, as well as the hours of operation. We strongly recommend that you do not wait until the application deadline date to begin the application process through Grants.Gov. The registration process is a separate process from submitting an application. **Applicants are, therefore, encouraged to register early**. The registration process can take approximately two weeks to be completed. Therefore, registration should be done in sufficient time to ensure it does not impact your ability to meet required submission deadlines. You will be able to submit your application online anytime after you receive your e-authentication credentials.
- To use Grants.gov, you, as the applicant, must have a DUNS Number and register in the Central Contractor Registry (CCR). You should allow a minimum of five days to complete the CCR registration.
- You will not receive additional point value because you submit a grant application in paper format.

- You may submit all documents electronically, including all information typically included on the SF424 and all necessary assurances and certifications.
- Your application must comply with any page limitation requirements described in this program announcement.
- After you electronically submit your application, you will receive an automatic acknowledgement from Grants.Gov that contains a Grants.Gov tracking number. The Health Resources and Services Administration will retrieve your application from Grants.Gov.
- You may access the electronic application for this program on http://www.Grants.gov.
- You must search for the downloadable application package by the CFDA number.
- The grants.gov website provides customer support via (800) 518-GRANTS (this is a toll-free number) or through e-mail at **support@grants.gov**. The customer support center is open from 7:00 a.m. to 9:00 p.m. Eastern time, Monday through Friday, except federal holidays, to address grants.gov technology issues. For technical assistance to program related questions, contact the number listed in the Program Section of the program you are applying for.

Online applications are required to submit ONLY one form in signed hard copy: the SF-424/5161 Face Sheet, since all other elements of the application have been captured and transmitted electronically.

Formal submission of the electronic application: Applications completed online are considered formally submitted when the Authorizing Official electronically submits the application to HRSA. However, to complete the submission requirements, a hard-copy of the SF-424/5161 Face Sheet must be printed, signed, and submitted to the HRSA Grants Application Center. The SF-424/5161 can be printed from the online application.

For an online application, the signed SF-424/5161 must be sent to the HRSA GRANTS APPLICATION CENTER at the above address and received by HRSA by no later than five days after the deadline date.

Applications will be considered as having met the deadline if: (1) the application has been successfully transmitted electronically on or before the deadline date and time, and (2) the signed SF-424/5161 Face Sheet is received by HRSA no later than five days after the deadline date.

REMINDER: Only applicants who apply online are permitted to forego hard-copy submission of all application forms EXCEPT the signed SF-424/5161.

If the application is submitted as a hard-copy, the rules of submission as described earlier in this guidance must be followed.

Application narratives and spreadsheets will need to be created separately and submitted as attachments to the application. You will be prompted to "upload" your attachments at strategic points within the application interface. The following document types will be accepted as attachments: WordPerfect (.wpd), Microsoft Word (.doc), Microsoft Excel

(.xls), Rich Text Format (.rtf), Portable Document Format (.pdf). If there are tables that are not supported as data entry forms from within the application, they should be downloaded to your hard drive, filled in and then uploaded as attachments with your applications. Applications submitted electronically will be time/date stamped electronically, which will serve as receipt of submission.

To look for funding opportunities, go to http://www.hrsa.gov/grants and follow the links. Information on grant opportunities both within HRSA and in other Federal agencies is also available through http://www.grants.gov, the official E-Grants website where applicants can find and apply for federal funding opportunities.

Public Health System Impact Statement

The Rural Health Care Services Outreach Grant program is subject to Public Health System Reporting Requirements approved by the Office of Management and Budget. Under these requirements, community-based, non-government applicants (that is, where no local government or State run health organization is the applicant), must prepare and submit a Public Health Impact Statement (PHIS). The statement is intended to provide timely information to State and local health officials on possible services to be offered through the proposed project.   Community-based and non-government applicants must submit the following information **to the head of your State and local health agencies** in the areas affected by the project no later than the Federal application receipt deadline date.

1) A copy of the face page of the application (Standard Form 424); and

2) A summary of the project, should be a maximum of 2 pages, which provides:

(a) A description of the project
(b) A. summary of the services to be provided
(c) A description of the coordination planned with appropriate State and local health agencies.

It is suggested that you use the abstract submitted as part of your original application, with any needed updates, to satisfy this requirement.

NOTE: Even if the local health department is a member of the consortium, unless they are the grantee, the Public Health Impact Statement must be submitted to State and/ local health officials.

V. APPLICATION REVIEW INFORMATION

1. REVIEW CRITERIA

Review Criteria are used to review and rank applications. This program has six review criteria. Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application.

1) Need – 25 Points

The extent to which the applicant describes the problem(s) and associated contributing factors to the problem, as follows:

    a.   The applicant identifies the health care needs of the target population.
    b.   The applicant identifies the level of involvement the target community has in identifying the needs of the population and in planning the project activities.
    c.   The applicant discusses strategies used to identify the needs in the community.
    d.   The applicant discusses relevant barriers, such as access to providers, language, financial, geographical etc., in the target community.
    e.   The applicant includes strategies to address any linguistic, social or religious barriers to health care of the target population.
    f.   The data in the application indicates need.
    g.   The applicant compares local data, if available, to state and national statistics.
    h.   The application describes the relevant services currently available in the targeted service area.
    i.   The applicant describes the probable impact of the project on current providers (especially those that are not included in the proposed project).
    j.   The applicant provides a map of the service area which clearly identifies the target communities.

2) Response– 25 Points

The extent to which the proposed project responds to the "Purpose" included in the program description. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives, as follows:

    a.   The applicant clearly and thoroughly presents the proposed goals and objectives of the project.
    b.   The applicant demonstrates that the project goals and strategies are measurable.
    c.   The applicant develops activities that are capable of addressing the needs.
    d.   The activities directly relate to the project goals and appear appropriate.
    e.   The applicant shows that the proposed activities will lead to the attainment of the project objectives.
    f.   The work plan describes the proposed activities and the steps to achieve the project goals and each of the activities proposed in the methodology section.
    g.   The application identifies the organization(s) and person(s) responsible for carrying out each project strategy and activity.
    h.   The applicant identifies anticipated outputs.
    i.   The applicant includes the anticipated timeframe for the project activities.
    j.   The applicant includes activities to ensure that the cultural, linguistic, social and religious differences of the target populations are identified and addressed.
    The applicant provided a reasonable strategy for project sustainability after Federal funds.

3) Impact – 5 Points

Identify the extent to which the applicant demonstrates the impact of the project on the target population.

   a. The applicant identifies the extent and effectiveness of plans for dissemination of project results.
   b. The applicant discusses how project results may be national in scope and the degree to which the project activities are replicable in other rural communities.

4) Evaluative Measures – 15 Points

This section should identify the extent to which the applicant included an on-going strategy to evaluate the short and long-term goals of the project.

   a. The applicant clearly defines an evaluation plan.
      (i) Identifies an evaluator or plans for hiring an evaluator.
      (ii) Indicates whether the evaluator was involved in planning for the project.
      (iii) Identifies the outcome and process measures.
      (iv) Identifies baseline information for on-going project evaluation.
      (iv) The applicant identifies on-going quality improvement strategies that will assist in the early identification and modification of ineffective project activities.

   b. The applicant identifies the qualitative and quantitative indicators that will measure the success of the project at its completion.

5) Resources/Capabilities – 25 Points

Explain the extent to which the applicant describes the capabilities of the applicant organization, the consortium partners and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

   a. The applicant's history in providing and managing the relevant services is discussed.
   b. The applicant shows evidence of success with other similar projects, particularly collaborative endeavors.
   c. The applicant provides a list of all consortium members including full address, phone/fax numbers and contact person.
   d. The applicant organization demonstrates its ability to manage the consortium, to administer grant funds and deliver the services proposed for the project.
   e. The applicant documents its capability to address the day-to-day problems of the consortium.
   f. The application contains information about the ability of each consortium member organization and their ability to deliver services and otherwise meet the needs of the project.
   g. The applicant provides a letter from each major consortium member that explicitly states the organization's commitment to the project and indicates the support they will bring to the project and the activities they will provide.
   h. The applicant includes a history of how the proposed consortium has developed.
   i. The applicant provides information on the prior collaborative experience of the consortium members.

    j.   The applicant identifies the paid staff that will be available at the time of award and will be able to initiate the activities described in the Project narrative.
    k.   The applicant describes other project resources.
    l.   The applicant provides information on the project management strategies.
    m. The applicant describes the process for decision making within the consortium.
    n.   The applicant provides information on how authority will flow from the applicant that receives the Federal grant funds and their staff to lines of authority within the consortium.
    o.   The applicant includes a clear organizational chart for the applicant organization and the consortium members.

6) Support Requested – 5 Points

Identify the extent to which the budget relates to the proposed goals, objectives, personnel and other project activities. The budget and narrative must agree in relation to the objectives, the complexity of the activities, and the anticipated results.

    a.   An itemized budget abstract or spreadsheet for the budget period (May 1 – April 30) of each year of funding requested is presented.
    b.   The budget narrative fully describes proposed expenditures and breaks out each line item appropriately.
    c.   The applicant clearly provides justification for all items in the budget.
    d.   The applicant explains the relevance of each cost to the overall goals of the project.
    e.   The applicant relates program costs to activities to be undertaken to address the stated goals of the proposed project.

2. REVIEW AND SELECTION PROCESS

The Division of Independent Review (DIR) is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program that will be reviewed. In selecting review committee members, DIR may consider factors in addition to training and experience to improve the balance of a committee, e.g., geographic distribution, race/ethnicity, and gender. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award. The maximum possible points that each scoring criterion could attain are outlined below:

1) Review Criteria   Points

CRITERION	Number of Points
1. Need	25
2. Response	25
3. Evaluative Measures	15
4. Impact	5

5. Resources/Capabilities	25
6. Support Requested	5
TOTAL POINTS	100

2) Funding Preference

The authorizing legislation for the Outreach Grant Program provides a funding preference for some applicants. Applicants receiving a preference will be placed in a more competitive position among the applications that can be funded. **It is imperative that you request and verify your consortium's eligibility for a funding preference. A Preference will not be awarded to eligible applicants unless it is requested.**
A funding preference will be given to qualified applicants that can demonstrate either of the following two criteria:

(1) Those applicants where the service area is located in officially designated health professional shortage areas (HPSAs) or medically underserved communities (MUCs) or serve medically underserved populations (MUPs).

To ascertain HPSA and MUP designation status, please refer to the following website: http://bhpr.hrsa.gov/shortage/index.htm.

To qualify as a Medically Underserved Community (MUC), the project must include facilities that are federally designated as one of the following:

  i)   Community Health Centers
  ii)   Migrant Health Centers
  iii)   Health Care for the Homeless Grantees
  iv)   Public Housing Primary Care Grantees
  v)   Rural Health Clinics
  vi)   National Health Service Corps sties
  vii)   Indian Health Service Sites
  viii) Federally Qualified Health Centers
  ix)   Primary Medical Care Health Professional Shortage Areas
  x)   Dental Health Professional Shortage Areas
  xi)   Nurse Shortage Areas
  xii)   State or Local Health Departments
  xiii) Ambulatory practice sites designated by State Governors as serving medically underserved communities; OR

(2) Applicants whose projects focus on primary care, and wellness and prevention strategies.

To receive a funding preference, applicants must request and clearly identify and demonstrate for which preference they are eligible. The request must be put on a separate piece of paper that is placed in Section X (ten) of your application submission.

3) Special Funding Considerations

The Office of Rural Health Policy seeks to expand the Rural Health Care Services Outreach Program into geographic areas not currently served by the program. Consequently, the Office will consider geographic location when deciding which approved applications to fund.

3. Anticipated Announcement and Awards Dates

The Notice of Grant Award, which is signed by the Grants Management Officer and is sent to the applicant agency's authorized representative, is the document authorizing the use of grant funds. It will be sent prior to the start date of May 1, 2006.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's merits and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate.

1) Public Policy Issuance

Healthy People 2010 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has two major goals: (1) To increase the quality and years of a healthy life; and (2) Eliminate our country's health disparities. The program consists of 28 focus areas and 467 objectives. HRSA has actively participated in the work groups of all the focus areas, and is committed to the achievement of the Healthy People 2010 goals.

Applicants must summarize the relationship of their projects and identify which of their programs objectives and/or sub-objectives relate to the goals of the Healthy People 2010 initiative.

Copies of the Healthy People 2010 may be obtained from the Superintendent of Documents or downloaded at the Healthy People 2010 website at http://www.health.gov/healthypeople/document/.

In addition, the publication, "A Companion Document Rural Healthy People 2010," may be a helpful resource as you develop project goals that further the goals of HP2010. Copies of

this publication are available at http://www.srph.tamushsc.edu/rhp2010/publications.htm or through HRSA's Information Center by calling 1-888-ASK-HRSA.

2) Environmental Tobacco Smoke Requirements

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

3. Reporting

The successful applicant under this guidance is required to comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Grantees that expend $500,000 or more in Federal funds per year are required to complete an audit under this requirement. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at *www.whitehouse.gov/omb/circulars*.

The successful applicant under this guidance must submit:

a. **Payment Management System Quarterly Report.** The reports identify cash expenditures against the authorized funds for the grant on a quarterly basis. Failure to submit the report may result in the inability to access grant funds. Reports are submitted to:

<div align="center">

Division of Payment Management
DPM/FMS/PSC/ASAM/HHS
P.O. Box 6021
Rockville, MD 20852
Telephone: (301) 443-1660
http://www.dpm.psc.gov

</div>

b. **One-page Financial Status Report** on an annual basis to the HRSA/Division of Grants Management Operations. A completed Financial Status Report (SF-269 available from *http://forms.psc.gov*) is required within 90 days of the end of each grant year (November 30th). The report is an accounting of expenditures under the project that year.

c. **Annual Performance Report** to document progress achieved with grant funds during the year. ORHP will identify performance measures to use for certain specific disease states and the most common focus areas of Outreach projects. The progress report will include required data elements based on the performance measures that will help aggregate outcome information from similar projects. Instructions for preparing and submitting this report will be automatically sent to grantees in the noncompeting, continuation application kit.

d. **Final Program Performance Report** must be submitted within 90 days of the end of the grant project period. Grantees will be notified, in writing, by the Office of Rural Health Policy concerning substance, format, and delivery date of this report.

VII. AGENCY CONTACTS

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this grant announcement by contacting:

> Michael Rowland, Grants Management Specialist
> HRSA/OMPS/Division of Grants Management Operations
> (301) 594-4243
> mrowland@hrsa.gov

Applicants may obtain additional information regarding programmatic issues by contacting:

> Eileen Holloran
> Project Officer/Outreach Grant Program Coordinator
> (301) 443-7529
> eholloran@hrsa.gov
>   or
>
> Lilly Smetana
> Project Officer
> (301) 443-6884
> Smetana@hrsa.gov

VIII. PRE-APPLICATION PLANNING ADVICE

Every year applications where the applicant did not follow instructions or follow the application template receive less favorable reviews from the Peer Reviewers. Read the entire application guidance and follow all instructions carefully

A. Experience has shown that successful applicants have engaged in an effective pre-application planning process involving all parties having a stake in the project. The Office urges significant community involvement in the project from the very beginning. Applicant organizations should work closely with community representatives and organizations that will be affected by the projects or involved with its implementation. Community involvement can be accomplished through the use of town meetings, focus groups, surveys and other appropriate techniques. A primary objective is to identify and reach consensus on community needs that will be addressed by the project. Community representatives and participating organizations should also be involved in setting the specific goals for the grant program and in decisions on the allocation of grant resources. Some applicants have conducted a formal needs assessment in their communities or can rely on assessments conducted by others. If a formal needs assessment has not been conducted, applicants can demonstrate community needs through the use of demographic data for their community or region, State and national data, and other appropriate information. The data sources shown in item #18 above may be helpful in completing your application.

B. Projects that bring together multiple sources of support are encouraged. If other funding sources are available or anticipated (e.g. Federal, State, philanthropic, etc), it will strengthen the grant application. The Office is interested in developing strategies to address the health

care needs of underserved populations that can be adapted to other rural communities around the country. Therefore, applicants should note in the application materials if the project being proposed is modeled after a program that was successful in another community.

C. Outreach grants require substantive participation by at least three different organizations. Many applicants fail to establish a meaningful and substantive role for each member of the outreach consortium which results in the application receiving an unacceptable rating. All consortium members must be fully involved in the proposed project and all must work together to achieve the project goals.

D. Applicants that put off planning, consensus building and sign-off by appropriate consortium members until close to the application deadline may risk the appearance, in the final application, that the project does not have sufficient commitment by all consortium members. This weakness could jeopardize a positive review of the application. Please make sure the community and consortium members are involved from the start and final signatures are secured well before the application deadline. Signatures on letters of commitment included in the application must be original. Any copied or mechanically reproduced signatures or letters of commitment signed by someone other than the senior executive will put your application in jeopardy as not containing sufficient evidence of consortium commitment.

E. Prepare a budget for the full duration of your grant proposal – usually three years. The required budget forms (Standard Form 424A) are specifically designed to capture data for three budget years or less. Your budget narrative should explain how the funds will be spent and should be broken down by line items. The line items should be broken down to indicate exactly what the amount requested is going to be used. The budget narrative must link back to the activities of the proposed project.

IX. TIPS FOR WRITING A STRONG APPLICATION

A. Include the DUNS Number. Your DUNS number must be included for the application to be reviewed. Applications will not be reviewed without a DUNS number. To obtain a DUNS number, access www.dunandbradstreet.com or call 1-866-705-5711. Include the DUNS number next to the OMB Approval Number on the application face page.

B. The guidance for this program is new this year. Please read the entire guidance before you begin to write and organize your application.

C. Keep your audience in mind. Reviewers will use only the information contained in the application to assess the application. Do not assume that reviewers are familiar with the applicant organization, service area or barriers to health care or health care needs in your community. Keep the review criteria in mind when writing the application. The applicant should make sure the application responds to each program requirement.

D. Start preparing the application early. Allow plenty of time to gather required information from various sources. Find out about current and previous grantees on our web site: www.ruralhealth.hrsa.gov.

E. Follow the instructions in this guidance carefully. The instructions call for the materials to be organized in a particular order, and reviewers are accustomed to finding information in specific places. Avoid making reviewers search for material.

F. Be brief, concise and clear. Make your points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided in each table, chart, attachment, etc., is consistent with the proposal narrative and information in other tables. Your budget should reflect back to the proposed activities and all forms should be filled in accurately and completely.

G. Be organized and logical. Many applications fail because the reviewers cannot follow the thought process of the applicant or because parts of the application do not fit together.

H. Be careful in the use of appendices. Do not use the appendices for information that is required in the body of the application. Be sure to cross-reference all tables and attachments located in the appendices to the appropriate text in the application.

I. Carefully proofread the application. Misspellings and grammatical errors will impede reviewers in understanding the application. Be sure pages are numbered (including the appropriate appendices) and that page limits are followed. Limit the use of abbreviations and acronyms and define each one at its first use and periodically throughout application.

X. APPENDIX 1. SAMPLE THREE YEAR BUDGET ABSTRACT

	1st 12 Month Period	2nd 12-Month Period	3rd 12-Month Period
Personnel*			
Project Director	@ .75 FTE $ 45,000	@.84 FTE $50,000	@.50 FTE $ 30,125
Administrative Assistant	@ 1 FTE $12,000	@ 1 FTE $12,600	@ 1 FTE $13,230
Fringe Benefits @ 28%	15,960	11,000	17,739
Travel (Includes trips to DC)	9,440	9,800	10,000
Equipment – Handicapped equipped van	45,000	0	0
Supplies*			
*Computers in 1st yr. only	10,500	4,750	2,000
Van Maintenance	2,000	3,000	3,000
Contractual			
Evaluation	1,000	6,250	10,741
Training	2,405	5,600	2,500
Staff	6,650	22,000	10,241
Grand Total	**$149,995**	**$125,000.00**	**$99,576.00**

*Salaries include cost of living increase each year.

It is recommended that applicants complete a similar sheet for non-Federal funds or include columns in this table to indicate non-Federal expenditures.

This abstract is for demonstration purposes only. The figures do not represent a viable budget.

XI. APPENDIX 2 - DEFINITIONS

We are providing definitions for some of the terms commonly used in conjunction with the Rural Health Care Services Outreach Grant Program.

Budget Period - An interval of time into which the project period is divided for budgetary and reporting purposes.

Community Population - The community population is the total number of persons in the service area including those who will receive services.

Equipment - Durable items that cost at least $5,000 per unit and have a life expectancy of over one year.

Funding Preference - A funding preference is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of applications. The authorizing legislation provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. To be eligible for the funding preference, the applicant must request the one they are eligible for and provide support of their eligibility.

Grantee - A nonprofit or public entity to which a grant is awarded and which is responsible and accountable for the use of the funds provided for the project.

Health Care Provider – Health care providers are defined as: hospitals, public health agencies, home health providers, mental health centers, substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, community and migrant health centers, churches, and civic organizations.

In-Kind – The amount of financial contribution that is donated by a member of the Consortium or other organization to help support project activities. In-kind contributions can be cash or the monetary equivalent of services, staff, space, equipment and/or expertise, etc.

Nonprofit - Any entity that is a corporation or association of which no part of the net earnings may benefit private shareholders or individuals and is identified as nonprofit by the IRS.

Notice of Grant Award - A legally binding document used to notify the recipient and others that a grant has been awarded, and which contains or references all terms of the award and documents the obligation of Federal funds in the Health and Human Services accounting system.

Project - All proposed activities specified in a grant application as approved for funding.

Project Director - An individual designated by the grantee institution to direct the project or program being supported by the grant. The Project Director is responsible and accountable to the recipient organization officials for the proper conduct of the project or program. The entity

(organization) is, in turn, legally responsible and accountable to the Office of Rural Health Policy and the Department of Health and Human Services for the performance and financial aspects of the grant-supported activity. The Project Director must be employed by or under contract to either the grantee organization or a rural organization that is a member of the consortium.

Project Period - The total time for which support of a discretionary project has been approved. A project period may consist of one or more budget periods. The total project period comprises the original project period and any extension periods.

State - Includes, in addition to the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Territories of the Virgin Islands, Guam, American Samoa, the Compact of Free Association Jurisdictions of the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia.

Target Population – The number of persons who may directly receive the services provided.

Telehealth - The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

RURAL HEALTH OUTREACH GRANT PROGRAM
93.912, HRSA 06-005

Grant Application Technical Assistance Conference Call

WHEN: **Thursday,** AUGUST 18, 2005

2:00 P.M. EASTERN DAYLIGHT TIME
1:00 P.M. CENTRAL DAYLIGHT TIME
12:00 NOON MOUNTAIN DAYLIGHT TIME
11:00 A.M. MOUNTAIN STANDARD & PACIFIC DAYLIGHT TIME

WHY: To explain the Rural Health Care Services Outreach Grant Guidelines and answer questions from callers. We anticipate the call will last approximately 1½ to 2 hours.

HOW: The format will be a Meet Me Call, i.e., you call a Toll-Free number to access the conference call. To participate in the call, you must:

Y **E-mail Mary Collier at: <u>mcollier@hrsa.gov</u>. Provide your name, telephone number, and fax number, if available, and confirm you want to participate in the Outreach Conference Call. If you do not have e-mail you can phone 301/443-0836 and slowly leave the information requested above. All reservations must be received by 4:30 PM EASTERN DAYLIGHT TIME ON WEDNESDAY, AUGUST 17, 2005.**

Y **Call-In number and Conference ID code will be sent to you via e-mail, fax or phone.**

Y **Please plan to call the toll free number approximately 10 minutes before the call**
time.

Y **The call will be recorded and available for listening for 30 days after the live**
 telephone call.